

**STATE DEPARTMENT OF HUMAN SERVICES
Division of Substance Abuse and Mental Health
120 North 200 West, Suite 209
Salt Lake City, Utah 84103**

Please note that the applying agency must have a current DHS substance abuse treatment facility license from the DHS Office of Licensing.

Application for Delivery of DUI Education Series

Program Name: _____

Address: _____

Phone Number: _____ **email address:** _____

Name of Administrator/Director: _____

Governing Body: _____

DHS Substance Abuse Treatment Facility License #: _____

Address of other program delivery sites if any:

1. _____
Street City & State Zip

Phone Number email

2. _____
Street City & State Zip

Phone Number email

Certified Instructors Employed by the Program/people to become certified:*

Name	Date of Expiration of Certification

*Certified by the State Division of Substance Abuse and Mental Health

- I. Submit the following with this application
 - A. A Brief description and purpose of program, plus an explanation of the program's relationship with other components of the local DUI system, i.e., courts, police, probation, and parole, AA, NA, Local Substance Abuse Authority, etc.
 - B. Geographical area to be served.
 - C. Ownership and person or group responsible for program operation.
 - D. A description of when and where classes will be held.
 - E. Copy of current DHS Substance Abuse Treatment license.
- II. The program must be able to meet all criteria outlined in the Utah Standards for Approval of Alcohol and Drug Educational Programs for Court-Referred DUI Offenders.

ASSURANCES

- I. I attest to the validity of the information I am providing in this application.
- II. I agree to comply with the Department of Humans Services Office of Licensing and the Division of Substance Abuse and Mental Health rules that govern the licensing/approval of Alcohol and Drug Educational Programs for the Court-Referred DUI Offenders. I also agree to comply with all applicable local, State and Federal laws and regulations.

Signature of Program Administrator/Director

Date

Mail completed form and supporting documentation to:

State of Utah
Division of Substance Abuse and Mental Health
120 N. 200 W., Room 209
Salt Lake City, UT 84103
Attention: Substance Abuse Education Program Manager